

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

1. Full Name of Committee

MIAMI-DADE FIRST

Telephone

(305) 860-1010

Mailing Address (include city, state and zip code)

P.O. BOX 454351, MIAMI, FL 33245

Street Address (include city, state and zip code)

1800 CORAL WAY, 454351, MIAMI, FL 33145

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

3. Area, Scope and Jurisdiction of the Committee

Miami-Dade

TO SUPPORT OR OPPOSE CANDIDATES/ISSUES FOR COUNTY AND/OR MUNICIPAL ELECTIONS AND OTHER ACTIVITIES ALLOWED UNDER FLORIDA ELECTION LAW

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

CIVIC AND GOVERNMENTAL POLICY EDUCATION

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
PEDRO DIAZ	P.O. BOX 454351, MIAMI, FL 33245	TREASURER

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
PEDRO DIAZ	P.O. BOX 454351, MIAMI, FL 33145	CHAIR / TREASURER

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
TO BE DETERMINED			

8. List Any Issues this Committee is Supporting: TBD

List Any Issues this Committee is Opposing: TBD

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party
N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?
RESIDUAL FUNDS WILL BE DONATED TO CHARITABLE ORGANIZATIONS 501(C)3

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
TRUIST	2159 SW 22 ST, MIAMI, FL 33145

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
1120POL	MARCH 15 ANNUALY	INTERNAL REVENUE SERVICE	OGDEN, UT 84201

STATE OF FLORIDA MIAMI-DADE COUNTY

I, PEDRO DIAZ, certify that the information in this Statement of

Organization is complete, true and correct.

X  _____ 9/15/2023
Signature of Chairman of Political Committee Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(2) and 106.021(1), F.S.)

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ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

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Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository

1. Committee
MIAMI-DADE FIRST

2. Telephone
(305)860-1010

3. Name of Treasurer or Deputy Treasurer
PEDRO DIAZ

4. Email (optional)
5. Telephone (optional)
()

6. Mailing Address
P.O. BOX 454351, MIAMI, FL 33245

7. Street Address
1800 CORAL WAY, 454351, MIAMI, FL 33145

8. The following bank has been designated as the Primary Depository Secondary Depository

9. Name of Bank
TRUIST

10. Street Address
2159 SW 22 STREET

11. City
MIAMI

12. State
FL

13. Zip Code
33145

14. Signature of Chairman

X

15. Name of Chairman (Print or Type)
PEDRO DIAZ

Campaign Treasurer's Acceptance of Appointment

PEDRO DIAZ

I, _____, do hereby accept the appointment as
(Please Print or Type)

treasurer or deputy treasurer for

MIAMI-DADE FIRST

(Committee)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

9/15/2023

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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ELECTIONS DEPARTMENT

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name
PEDRO DIAZ Telephone
(305) 860-1010


Street Address
1800 CORAL WAY, 454351

City State Zip Code
MIAMI FL 33145

Mailing Address
P.O. BOX 454351

City State Zip Code
MIAMI FL 33245

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

 _____ **9/15/23**
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name Telephone
N/A

Street Address


City State Zip Code

Committee or Organization Information

Name of Committee or Organization
MIAMI-DADE FIRST

Street Address Telephone
1800 CORAL WAY, 454351 (305)860-1010

City State Zip Code
MIAMI FL 33145

 _____
Signature of Chairperson

PEDRO DIAZ **9/15/23**
Printed Name of Chairperson Date



Access to Handbook and the Election Laws of the State of Florida

Candidate/Chairperson:

Pedro

First Name

Reinaldo

Middle Name

Diaz

Last Name

Miami-Dade First

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

[] Candidate Qualifying Handbook (https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

[X] Political Committee Handbook (https://www.miamidade.gov/global/elections/political-committee-resources.page) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: [Signature] Candidate / Chairperson Signature

Date: 9/18/23

Primary Telephone Number: 305-860-1010

Alternate Telephone Number: N/A

E-mail address: MiamiDadeFirst@gmail.com

RECEIVED 2023 SEP 18 PM 2:53 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Campaign Treasurer's Report
Miami-Dade County Electronic Filing Requirement



Candidate (office sought): _____
Candidate's Florida Voter Registration Number: _____
 Political Committee: Miami-Dade First
 Party Executive Committee: _____
 Other: 1, Pedro Diaz

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ELECTIONS DEPARTMENT


(Please print name of Candidate or Chairperson)

I understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.



Signature of Candidate or Chairperson

9/18/23

Date

Day Time Telephone Number: 305 860 1010
Alternate Contact Number: N/A
Email Address: Miami-Dade First

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.